

by sucking and scooping out. But if one observes the nature and intensity of his actual behaviour when he is denied the breast, the way he seeks it with mouth and hands, and his voracious nuzzling when he finds it, one can see how it is possible that such phantasies will arise from actual impulses and experiences. Mrs. Klein quotes and corroborates a suggestion from Dr. Edward Glover which makes the situation more intelligible. She says¹: "Edward Glover suggested that the feeling of emptiness in its body which the small child experiences as a result of lack of oral gratification might be a point of departure for phantasies of assault on its mother's body, since it might give rise to phantasies of the mother's body being full of all the desired nourishment. Going over my data once more, I find that his suggestion is completely borne out. It seems to me to throw fresh light upon the steps by which the transition is effected from sucking out and devouring the mother's breast to attacking the inside of her body."³

In the same way, things "inside" himself literally mean to the child inside *his body*. And when the child takes the parents into himself to act as a controlling agent, it seems to him that they are thereafter inside his actual body. They become identified with internal bodily processes such as intestinal movements*, stomach pains, breathing, and so on; and even with the actual bodily substances, for example, faeces and urine. These latter substances are universally identified by children, either (or both) with their own bad wishes and thoughts, the bad wish-self, or with the bad, attacking, internalised parent. The actual process of, e.g. defaecation, may then take on the meaning of getting rid, either of the bad wish-self or of the bad

attacking parent.

The reasons why such phantasies, recovered through analysis, seem at first sight so immensely strange and incredible to us are : (a) in ourselves, these phantasies have, in the normal course of development, actually undergone a severe and well-nigh complete repression. (In hysterics and obsessional neurotics, however, repression has been less successful and such wishes and corresponding fears often appear in a disguised form, as one symptom or another.)
(b) These

* *Ibid.*, p. 185.

³ M. N. Searl suggests to me that the infant's actual experiences with "real hollow objects containing food (cups, bowls, spoons, etc.) must further help to determine the form of his phantasies about his mother's body as the container and source of all good.